

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10 045 200</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition	/	2/8/05	\$ 250.00						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
7 TOTAL AMOUNT OF REFUND			\$ 250.00							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="text-align: center; font-family: cursive; font-size: 1.2em; margin-top: 10px;">aband w/drawn</div>									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Darrelia Faison-Bell</u>		TITLE: <u>Attorney</u>								
SIGNATURE: <u>Darrelia Faison-Bell</u>		PHONE: <u>23212</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alicia Kille</u>		DATE: <u>2/16/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: